

## NOTICES OF PROPOSED RULEMAKING

Unless exempted by A.R.S. § 41-1005, each agency shall begin the rulemaking process by first submitting to the Secretary of State's Office a Notice of Rulemaking Docket Opening followed by a Notice of Proposed Rulemaking that contains the preamble and the full text of the rules. The Secretary of State's Office publishes each Notice in the next available issue of the *Register* according to the schedule of deadlines for *Register* publication. Under the Administrative Procedure Act (A.R.S. § 41-1001 et seq.), an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any proceedings for making, amending, or repealing any rule. (A.R.S. §§ 41-1013 and 41-1022)

### NOTICE OF PROPOSED RULEMAKING

#### TITLE 4. PROFESSIONS AND OCCUPATIONS

#### CHAPTER 33. BOARD OF EXAMINERS OF NURSING CARE INSTITUTION ADMINISTRATORS AND ASSISTED LIVING FACILITY MANAGERS

*Editor's Note: The following Notice of Proposed Rulemaking was exempt from Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 3073.)*

[R14-184]

#### PREAMBLE

- | <u>1. Articles, Parts, and Sections Affected (as applicable)</u> | <u>Rulemaking Action</u> |
|--|--------------------------|
| R4-33-101  | Amend                    |
| R4-33-106  | Amend                    |
| R4-33-108  | Amend                    |
| R4-33-203  | Amend                    |
| R4-33-208  | Amend                    |
| R4-33-212  | New Section              |
| R4-33-302  | Amend                    |
| R4-33-401  | Amend                    |
| R4-33-402  | Amend                    |
| R4-33-407  | Amend                    |
| R4-33-408  | Amend                    |
| R4-33-411  | New Section              |
2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):  
Authorizing statute: A.R.S. § 36-446.03(A)  
Implementing statute: A.R.S. § 36-446.03
3. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the record of the proposed rule:  
Notice of Rulemaking Docket Opening: 20 A.A.R. 3061, November 21, 2014 (*in this issue*)
4. The agency's contact person who can answer questions about the rulemaking:  
Name: Allen Imig, Executive Director  
Address: 1400 W. Washington  
Suite B8  
Phoenix, AZ 85007  
Telephone: (602) 542-8156  
Fax: (602) 542-8316  
E-mail: allen.imig@aznciaboard.us  
Web site: www.aznciaboard.us
5. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an

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**explanation about the rulemaking:**

The Board is making the changes identified in a five-year review report approved by Council on August 5, 2014. Additionally, the Board is establishing new standards regarding being appointed to administer multiple nursing care institutions or manage multiple assisted living facilities. These new standards are necessary to ensure that a licensed administrator or certified manager is actually providing the supervision needed to protect the vulnerable populations that rely on services from a nursing care institution or assisted care facility.

This rulemaking is exempt from the rulemaking moratorium contained in Executive Order 2012-03 under paragraph (4)(c) of the Order.

**6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The Board does not plan to review or rely on a study in its evaluation of or justification for any of the rules in this rulemaking.

**7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact:**

The rulemaking will have economic impact on individuals who have previously been appointed to administer more than one nursing care institution or manage more than two assisted living facilities. The Board has determined this restriction is necessary to ensure proper supervision needed to protect the vulnerable populations that rely on services from a nursing care institution or assisted care facility.

**9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:**

Name: Allen Imig, Executive Director

Address: 1400 W. Washington  
Suite B8  
Phoenix, AZ 85007

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**10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

An oral proceeding regarding the proposed rules will be held as follows:

Date: Monday, December 22, 2014

Time: 9:00 a.m.

Location: 1400 W. Washington St., Room B-1  
Phoenix, AZ 85007

**11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

None

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

R4-33-203 and R4-33-402 require permits that regulate activities that are substantially similar in nature.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

No federal law applies to the rules. Federal law makes receipt of federal funding contingent on a state licensing and regulating nursing care institution administrators. The specifics of the licensure and regulation are matters of state law.

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

No analysis was submitted.

**12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

No materials are incorporated by reference.

**13. The full text of the rules follows:**

**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 33. BOARD OF EXAMINERS OF NURSING CARE INSTITUTION ADMINISTRATORS  
AND ASSISTED LIVING FACILITY MANAGERS**

**ARTICLE 1. GENERAL**

Section

- R4-33-101. Definitions
- R4-33-106. Rehearing or Review of Decision
- R4-33-108. Display of License or Certificate

**ARTICLE 2. NURSING CARE INSTITUTION ADMINISTRATOR LICENSING**

Section

- R4-33-203. Requirements for Temporary License
- R4-33-208. Standards of Conduct; Disciplinary Action
- R4-33-212. ~~Renumbered~~ Appointment as Administrator of Multiple Nursing Care Institutions

**ARTICLE 3. ADMINISTRATOR-IN-TRAINING PROGRAM**

- R4-33-302. Standards for an AIT Program

**ARTICLE 4. ASSISTED LIVING FACILITY MANAGER CERTIFICATION**

Section

- R4-33-401. Requirements for Initial Certification by Examination
- R4-33-402. Requirements for a Temporary Certificate
- R4-33-407. Standards of Conduct; Disciplinary Action
- R4-33-408. Referral Requirements
- R4-33-411. ~~Repeated~~ Appointment as Manager of Multiple Assisted Living Facilities

**ARTICLE 1. GENERAL**

**R4-33-101. Definitions**

The definitions in A.R.S. § 36-446 apply to this Chapter. Additionally, in this Chapter, unless otherwise specified:

“Accredited” means approved by the North Central Association of Colleges and Secondary Schools, New England Association of Schools and Colleges, Middle States Association of Colleges and Secondary Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, or Western Association of Schools and Colleges.

“ACHCA certified” means written evidence of completing the Professional Certification Program administered by the American College of Health Care Administrators.

“Administrator” has the meaning prescribed at A.R.S. § 36-446 and means an individual licensed under this Chapter to supervise a nursing care institution.

“Administrator in training” or “AIT” means an individual who is taking an AIT program to be licensed as an administrator for a nursing care institution.

“AIT program” means a training that the Board approves after determining that the training meets the standards at R4-33-302.

“Applicant” means an individual who applies to the Board to be licensed as an administrator of a nursing care institution, to be certified as a manager of an assisted living facility, or for approval of a continuing education.

“Application package” means the forms, documents, and fees that the Board requires an applicant to submit or have submitted on the applicant’s behalf.

“Arizona examination” means a measure of an applicant’s knowledge of Arizona statutes and rules regarding nursing

care institution administration or assisted living facility management.

“Biennial period” means July 1 of an even-numbered year through June 30 of the next even-numbered year for an administrator and July 1 of an odd-numbered year through June 30 of the next odd-numbered year for a manager.

“Contact hour” means an hour during which an administrator or manager is physically present at a continuing education or a manager is physically present at a required initial training.

“Continuing education” means a planned educational course or program that the Board approves under R4-33-502.

“Good standing” means that an individual licensed by the state is not subject to any disciplinary action or consent order, and not currently under investigation for alleged unprofessional conduct.

*“Health care institution” means every place, institution, building or agency, whether organized for profit or not, which provides facilities with medical services, nursing services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and includes home health agencies as defined in A.R.S. § 36-151 and hospice services agencies. A.R.S. § 36-401.*

“Manager” means an assisted living facility manager, as defined at A.R.S. § 36-446, who is certified under this Chapter to supervise an assisted living facility.

“NAB” means the National Association of Board of Examiners for Nursing Home Administrators.

“Party” has the same meaning as prescribed in A.R.S. § 41-1001.

“Preceptor” means a practicing nursing care institution administrator who helps to develop a new professional in the field of long-term care administration by tutoring the new professional.

“Qualified instructor” means a person who meets one or more of the following criteria:

A registered nurse, licensed under A.R.S. Title 32, Chapter 15;

An instructor employed by an accredited college or university, or health care institution to teach a health-care related course; or

A person or entity that has sufficient education and training to be qualified to teach a health-care related course.

“Work experience in a health-related field” means employment in a health care institution or in the professional fields of medicine, nursing, social work, gerontology, or other closely related field.

#### **R4-33-106. Rehearing or Review of Decision**

- A. The Board shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10 and the rules established by the Office of Administrative Hearings.
- B. Except as provided in subsection ~~(H)~~ (H), a party is required to file a motion for rehearing or review of a decision of the Board to exhaust the party’s administrative remedies.
- C. A party may amend a motion for rehearing or review at any time before the Board rules on the motion.
- D. The Board may grant a rehearing or review for any of the following reasons materially affecting a party’s rights:
  - 1. Irregularity in the proceedings of the Board or any order or abuse of discretion that deprived the moving party of a fair hearing;
  - 2. Misconduct of the Board, its staff, or an administrative law judge;
  - 3. Accident or surprise that could not have been prevented by ordinary prudence;
  - 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
  - 5. Excessive or insufficient penalty;
  - 6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings; and
  - 7. The findings of fact or decision is not justified by the evidence or is contrary to law.
- E. The Board may affirm or modify a decision or grant a rehearing or review to all or some of the parties on all or some of the issues for any of the reasons listed in subsection (D). An order modifying a decision or granting a rehearing or review shall specify with particularity the grounds for the order. If a rehearing or review is granted, the rehearing or review shall cover only the matters specified in the order.
- F. Not later than 30 days after the date of a decision and after giving the parties notice and an opportunity to be heard, the Board may, on its own initiative, order a rehearing or review of its decision for any reason it might have granted a rehearing or review on motion of a party. The Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion. An order granting a rehearing or review shall specify with particularity the grounds on which the rehearing or review is granted.
- G. When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. This period may be extended by the Board for a maximum of 20 days ~~for good cause as described in subsection (H) or~~ by written stipulation of the parties. Reply affidavits may be permit-

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ted.

~~H.~~ The Board may extend all time limits listed in this Section upon a showing of good cause. A party demonstrates good cause by showing that the grounds for the party's motion or other action could not have been known in time, using reasonable diligence, and a ruling on the motion will:

1. Further administrative convenience, expedition, or economy; or
2. Avoid undue prejudice to any party.

~~I.H.~~ If, in a particular decision, the Board makes a specific finding that the immediate effectiveness of the decision is necessary for immediate preservation of the public health, safety, or welfare and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review. If an application for judicial review of the decision is made, it shall be made under A.R.S. § 12-901 et seq.

**R4-33-108. Display of License or Certificate**

- A. An administrator shall display the administrator's original license and current renewal receipt in a conspicuous place in the nursing care institution at which the administrator is appointed.
- B. A manager shall display the manager's original certificate and current renewal receipt in a conspicuous place in the assisted care facility at which the manager is ~~employed~~ appointed.

**ARTICLE 2. NURSING CARE INSTITUTION ADMINISTRATOR LICENSING**

**R4-33-203. Requirements for Temporary License**

- A. To be eligible for a temporary license as a nursing care institution administrator, an individual shall:
  1. Meet the requirements specified in R4-33-201 or R4-33-202 except for the requirement at R4-33-201(2) or R4-33-202(2)(b);
  2. Have the owner of a nursing care institution that intends to ~~employ~~ appoint the applicant as administrator if the applicant is successful in obtaining a temporary license submit to the Board a Letter of Intent to ~~Employ~~ Appoint on a form that is available from the Board. The owner of the nursing care institution shall include the following in the Letter of Intent to ~~Employ~~ Appoint:
    - a. Name of the owner of the nursing care institution,
    - b. Name and address of the nursing care institution,
    - c. Name of the applicant,
    - d. An affirmation of intent to ~~employ~~ appoint the applicant,
    - e. Reason for requesting a temporary license for the applicant,
    - f. License number of the nursing care institution, and
    - g. Notarized signature of the owner of the nursing care institution;
  3. Not have held an Arizona temporary license as a nursing care institution administrator within the past three years; and
  4. Not have failed the Arizona or NAB examination before applying for a temporary license.
- B. At the Board's request, an applicant for a temporary license shall appear or be available by telephone for an interview with the Board.
- C. A temporary license is valid for 150 days and is not renewable. Before expiration of the temporary license, the temporary licensee shall become licensed under A.R.S. § 36-446.04 and this Article or discontinue as administrator of the nursing care institution.
- D. If a temporary licensee fails the Arizona or NAB examination during the term of the temporary license, the temporary license is automatically revoked and the former licensee shall discontinue as administrator of the nursing care institution.

**R4-33-208. Standards of Conduct; Disciplinary Action**

- A. An administrator shall know and comply with all federal and state laws applicable to operation of a nursing care institution.
- B. An administrator shall not:
  1. Engage in unprofessional conduct as defined at A.R.S. § 36-446;
  2. Be addicted to or dependent on the use of narcotics or other drugs, including alcohol;
  3. Directly or indirectly permit an owner, officer, or employee of a nursing care institution to solicit, offer, or receive any premium, rebate, or other valuable consideration in connection with furnishing goods or services to patients of the institution unless the resulting economic benefit is directly passed to the patients;
  4. Directly or indirectly permit an owner, officer, or employee of a nursing care institution to solicit, offer, or receive any premium, rebate, or other valuable consideration for referring a patient to another person or place unless the resulting economic benefit is directly passed to the patient;
  5. Willfully permit the unauthorized disclosure of information relating to a patient or a patient's records;
  6. Discriminate against a patient or employee on the basis of race, sex, age, religion, disability, or national origin;
  7. Misrepresent the administrator's qualifications, education, or experience;

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8. Aid or abet another person to misrepresent that person's qualifications, education, or experience;
  9. Defend, support, or ignore unethical conduct of an employee, owner, or other administrator;
  10. Engage in any conduct or practice contrary to recognized community standards or ethics of a nursing care institution administrator;
  11. Engage in any conduct or practice that is or might constitute incompetence, gross negligence, repeated negligence, or negligence that might constitute a danger to the health, welfare, or safety of a patient or the public;
  12. Procure or attempt to procure by fraud or misrepresentation a license or renewal of a license as a nursing care institution administrator;
  13. Violate a formal order, condition of probation, or stipulation issued by the Board;
  14. Commit an act of sexual abuse, misconduct, harassment, or exploitation; ~~or~~
  15. Retaliate against any person who reports in good faith to the Board alleged incompetence or illegal or unethical conduct of any administrator; ~~or~~
  16. Accept an appointment as administrator of a nursing care institution in violation of R4-33-212.
- C. The Board shall consider a final judgment or conviction for a felony, an offense involving moral turpitude, or direct or indirect elder abuse as grounds for disciplinary action under A.R.S. § 36-446.07 including denial of a license or license renewal.
- D. An administrator who violates any provision of A.R.S. Title 36, Chapter 4, Article 6 or this Chapter is subject to discipline under A.R.S. § 36-446.07.

**R4-33-212. Renumbered Appointment as Administrator of Multiple Nursing Care Institutions**

- A.** Except as provided in subsection (B), an individual licensed under R4-33-201 or R4-33-202 shall not be appointed as administrator of more than one nursing care institution.
- B.** An individual licensed under R4-33-201 or R4-33-202 may be appointed as administrator of a second nursing care institution if:
1. Neither nursing care institution is operating under a provisional license;
  2. The two nursing care institutions are no more than 25 miles apart; and
  3. The appointment at the second institution is for no more than 90 days.
- C.** A licensed administrator who is appointed as administrator of a second nursing care institution under subsection (B) shall:
1. For both nursing care institutions, designate in writing an individual who is on the nursing care institution premises and accountable for the services provided at the nursing care institution when the licensed administrator is not on the nursing care institution premises. The designated individual shall:
    - a. Be at least 21 years old;
    - b. Be qualified through education and experience to fulfill the responsibilities of a nursing care institution administrator; and
    - c. Never have had licensure or certification suspended or revoked by the Board;
  3. Ensure that the name of the designated individual is conspicuously displayed at all times in a manner that informs those seeking assistance who is in charge;
  4. Place the written notice of designation required under subsection (C)(1) in the personnel file of the individual designated; and
  5. Be available to the individual designated under subsection (C)(1) by telephone or electronically within 60 minutes.

**ARTICLE 3. ADMINISTRATOR-IN-TRAINING PROGRAM**

**R4-33-302. Standards for an AIT Program**

For an AIT program to be approved by the Board, the provider of the AIT program:

1. Shall be:
  - a. An accredited college or university,
  - b. An institution licensed by the Board of Private Postsecondary Education under A.R.S. § 32-3001 et seq.,
  - c. ACHCA or the Arizona chapter of ACHCA, or
  - d. Another nationally recognized organization of long-term care administrators;
2. Shall ensure that the AIT program:
  - a. Provides at least 1,000 hours of full-time educational experience to the AIT in not less than six months and not more than 12 months in the following subject areas:
    - i. Federal and state law regarding nursing care institutions,
    - ii. Nursing care institution administration and policy,
    - iii. Health care quality assurance,
    - iv. Communications skills,
    - v. Health economics,
    - vi. Financial management of a nursing care institution,
    - vii. Personnel management,

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- viii. Resident care,
- ix. Facility operation and management,
- x. Safety and environmental management, and
- xi. Community resources;
- b. Allows the AIT to work only with a preceptor who meets the standards in subsection (4) and is responsible for supervising the AIT while the AIT participates in the program,
- c. Is implemented at the nursing care institution of which the preceptor is administrator,
- d. Measures the AIT's success in acquiring the knowledge and skills necessary to be a competent nursing care institution administrator, and
- e. Provides the AIT with a certificate of completion that indicates:
  - i. The AIT's name,
  - ii. The preceptor's name and license number,
  - iii. The name and address of the facility at which the AIT program was implemented,
  - iv. The beginning and ending dates of the AIT program, and
  - v. The preceptor's signature affirming that the AIT successfully completed the AIT program;
- 3. Shall develop a procedure to monitor the AIT program, assess the AIT's progress through the AIT program, and make adjustments necessary to ensure that the AIT acquires the knowledge and skills necessary to be a competent nursing care institution administrator;
- 4. Shall ensure that an individual who serves as an AIT preceptor:
  - a. Has been licensed by the Board for at least two years,
  - b. Is ~~employed~~ appointed full-time as a nursing care institution administrator at a facility that the Department determines is in compliance with applicable standards,
  - c. Is in good standing and has no disciplinary actions against the individual's license in the last three years, and
  - d. Completes a training course regarding the role and responsibilities of a preceptor; and
- 5. Shall develop a written policy and procedures manual that includes at least the following:
  - a. Procedure and forms required to apply to be an AIT;
  - b. Procedure and forms required to apply to be a preceptor;
  - c. Procedure for matching an AIT applicant with a preceptor;
  - d. Goals of the AIT program related to each of the subject areas listed in subsection (2)(a);
  - e. Learning experiences to achieve each goal;
  - f. Estimated time to accomplish each goal;
  - g. Responsibilities of a preceptor;
  - h. Responsibilities of an AIT;
  - i. Procedures for deviating from the goals of the AIT program, changing the facility at which the AIT program is implemented, changing preceptor, and extending the AIT program; and
  - j. Procedure for evaluating the preceptor.

**ARTICLE 4. ASSISTED LIVING FACILITY MANAGER CERTIFICATION**

**R4-33-401. Requirements for Initial Certification by Examination**

- A.** ~~To be eligible~~ Except as provided in subsection (B), an individual who wishes to receive an initial certificate by examination as an assisted living facility manager, an individual shall:
- 1. Education:
    - a. Earn a high school diploma or G.E.D., and
    - b. ~~Complete, within one year before the date of application for certification, a training program in personal, supervisory, and directed care and management of an assisted living facility that is:~~
      - ~~i. Approved by the Department under A.A.C. R9-10-724, and~~
      - ~~ii. Provided by an institution licensed by the Board of Private Postsecondary Education under A.R.S. Title 32, Chapter 30 or exempt from licensing by the Board of Private Postsecondary Education, an assisted living facility caregiver training program that is approved by the Board under A.A.C. R4-33-701, and~~
    - c. Complete an assisted living facility manager training program that is approved by the Board under A.A.C. R4-33-601, or
    - ~~e.d.~~ Hold a license in good standing issued under A.R.S. Title 32, Chapter 13, 15, or 17 or 4 A.A.C. 33, Article 2;
  - 2. Work experience. Complete at least 2,080 hours of paid work experience in a health-related field within the five years before application;
  - 3. Examination. Obtain a score of at least 75 percent on the Arizona examination;
  - 4. Training. Complete an adult cardiopulmonary resuscitation and basic first-aid training program;
  - 5. Fingerprint clearance card. Have a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; and

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6. Submit all applicable information required under R4-33-403.

**B.** An individual who holds a license in good standing issued under A.R.S. Title 32, Chapter 13, 15, or 17 or 4 A.A.C. 33, Article 2 is exempt from the requirements specified in subsections (A)(1)(b) and (4).

**R4-33-402. Requirements for a Temporary Certificate**

**A.** To be eligible for a temporary certificate as an assisted living facility manager, an individual shall:

1. Meet the requirements under R4-33-401 except for the requirement at R4-33-401(3);
2. Have the owner of an assisted living facility that intends to ~~employ~~ appoint the applicant as manager if the applicant is successful in obtaining a temporary certificate submit to the Board a Letter of Intent to ~~Employ~~ Appoint on a form that is available from the Board. The owner of the assisted living facility shall include the following in the Letter of Intent to ~~Employ~~ Appoint:
  - a. Name of the owner of the assisted living facility;
  - b. Name and address of the assisted living facility;
  - c. Name of the applicant;
  - d. An affirmation of intent to ~~employ~~ appoint the applicant;
  - e. Reason for requesting a temporary certificate for the applicant;
  - f. License number of the assisted living facility; and
  - g. Notarized signature of the owner of the assisted living facility;
3. Not have held an Arizona temporary certificate as an assisted living facility manager within the past three years; and
4. Not have failed the Arizona examination before applying for the temporary certificate.

**B.** At the Board's request, an applicant for a temporary certificate shall appear or be available by telephone for an interview with the Board.

**C.** A temporary certificate is valid for 150 days and is not renewable. Before expiration of the temporary certificate, the temporary certificate holder shall obtain a certificate under A.R.S. § 36-446.04 and this Article or discontinue as manager of the assisted living facility.

**D.** If a temporary certificate holder fails the Arizona examination during the term of the temporary certificate, the temporary certificate is automatically revoked and the former temporary certificate holder shall discontinue as manager of the assisted living facility.

**R4-33-407. Standards of Conduct; Disciplinary Action**

**A.** A manager shall know and comply with all federal and state laws applicable to the operation of an assisted living facility.

**B.** A manager shall not:

1. Engage in unprofessional conduct as defined at A.R.S. § 36-446;
2. Be addicted to or dependent on the use of narcotics or other drugs, including alcohol;
3. Directly or indirectly permit an owner, officer, or employee of an assisted living facility to solicit, offer, or receive any premium, rebate, or other valuable consideration in connection with furnishing goods or services to residents unless the resulting economic benefit is directly passed to the residents;
4. Directly or indirectly permit an owner, officer, or employee of an assisted living facility to solicit, offer, or receive any premium, rebate, or other valuable consideration for referring a resident to another person or place unless the resulting economic benefit is directly passed to the resident;
5. Willfully permit the unauthorized disclosure of information relating to a resident or a resident's records;
6. Discriminate against a resident or employee on the basis of race, sex, age, religion, disability, or national origin;
7. Misrepresent the manager's qualifications, education, or experience;
8. Aid or abet another person to misrepresent that person's qualifications, education, or experience;
9. Defend, support, or ignore unethical conduct of an employee, owner, or other manager;
10. Engage in any conduct or practice contrary to recognized community standards or ethics of an assisted living facility manager;
11. Engage in any conduct or practice that is or might constitute incompetence, gross negligence, repeated negligence, or negligence that might constitute a danger to the health, welfare, or safety of a resident or the public;
12. Procure or attempt to procure by fraud or misrepresentation a certificate or renewal of a certificate as an assisted living facility manager;
13. Violate a formal order, condition of probation, or stipulation issued by the Board;
14. Commit an act of sexual abuse, misconduct, harassment, or exploitation;
15. Retaliate against any person who reports in good faith to the Board alleged incompetence or illegal or unethical conduct of any manager;
16. Allow the manager's certificate to be displayed as required under R4-33-108(B) unless the manager has been appointed as specified in R4-33-410; or
17. Manage an assisted living facility in violation of R4-33-411.

**C.** The Board shall consider a final judgment or conviction for a felony, an offense involving moral turpitude, or direct or



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indirect elder abuse as grounds for disciplinary action under A.R.S. § 36-446.07, including denial of a certificate or certificate renewal.

- D.** A manager who violates any provision of A.R.S. Title 36, Chapter 4, Article 6 or this Chapter is subject to discipline under A.R.S. § 36-446.07.

**R4-33-408. Referral Requirements**

- A.** A manager who is ~~employed~~ appointed by an assisted living facility that pays a fee to an individual or entity for referral of a resident to the assisted living facility shall ensure that the assisted living facility:
1. Has on file a contract with the individual or entity making the referral;
  2. Maintains a file of the names of the residents referred by the individual or entity; and
  3. Obtains at the time of admission and maintains a statement, signed by the resident or the resident's representative or legal guardian, which discloses that:
    - a. A fee was paid for referring the resident to the assisted living facility;
    - b. The resident or the resident's representative or legal guardian was informed of the fee arrangement; and
    - c. The resident or the resident's representative or legal guardian was informed of any ownership interest between the assisted living facility and the individual or entity making the referral.
- B.** A manager shall maintain the records required under subsection (A)(1) for five years and shall maintain the records required under subsections (A)(2) and (A)(3) for five years after the resident ceases to reside in the assisted living facility.
- C.** A manager shall make the records required under this Section available for review upon request by the Board.

**R4-33-411. ~~Repealed~~ Appointment as Manager of Multiple Assisted Living Facilities**

- A.** An individual certified under R4-33-401 shall not be appointed to manage more than two assisted living facilities at one time.
- B.** An individual certified under R4-33-401 who is appointed to manage two assisted living facilities shall:
1. Ensure that the two assisted living facilities are no more than 25 miles apart;
  2. Designate in writing one or more individuals who are on the assisted living facility premises and accountable for the services provided at the assisted living facility when the appointed certified manager is not on the assisted living facility premises. A designated individual shall:
    - a. Be at least 21 years old;
    - b. Be a caregiver with at least three years' experience as a caregiver or hold a temporary certificate issued under R4-33-402; and
    - c. Never have had licensure or certification suspended or revoked by the Board;
  3. Ensure that the name of the designated individual is conspicuously displayed at all times in a manner that informs those seeking assistance who is in charge;
  4. Place the written notice of designation required under subsection (B)(2) in the personnel file of the individual designated; and
  5. Be available to the individual designated under subsection (B)(2) by telephone or electronically within 60 minutes.

**NOTICE OF PROPOSED RULEMAKING**

**TITLE 12. NATURAL RESOURCES**

**CHAPTER 2. RADIATION REGULATORY AGENCY**

**MEDICAL RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS**

*Editor's Note: The following Notice of Proposed Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 3073.) The Governor's Office authorized the notice to go through the rulemaking process on May 29, 2014.*

[R14-185]

**PREAMBLE**

<b><u>1. Articles, Parts, and Sections Affected (as applicable)</u></b>	<b><u>Rulemaking Action</u></b>
R12-2-101	Amend
R12-2-102	Amend
R12-2-104	Amend
R12-2-201	Amend
R12-2-202	New Section
R12-2-203	New Section
R12-2-204	Amend
R12-2-205	Amend

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R12-2-206	Amend
R12-2-207	Amend
R12-2-208	New Section
R12-2-301	Amend
R12-2-302	Amend
R12-2-303	New Section
R12-2-304	New Section
R12-2-305	New Section
R12-2-401	Amend
R12-2-402	Amend
R12-2-403	Amend
R12-2-404	Amend
R12-2-405	Amend
R12-2-406	Amend
R12-2-501	Repeal
R12-2-502	Repeal
R12-2-503	Repeal
R12-2-504	Repeal
R12-2-505	Repeal
R12-2-506	Repeal
R12-2-601	Repeal
R12-2-602	Repeal
R12-2-603	Repeal
R12-2-604	Repeal
R12-2-605	Repeal

**2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**

Authorizing statute:

A.R.S. § 30-652, 30-654(B), 32-2803, 32-2815 32-2819 (B)

Implementing statutes:

A.R.S. §§ 33-2801, 32-2804, 32-2811, 32-2812, 32-2813, 32-2814, 32-2816, 32-2817, 32-2818, 32-2819; 32-2821; 28-2822; 32-2823; 32-2824; 32-2825, and 32-2841.

**3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:**

Notice of Rulemaking Docket Opening: 20 A.A.R. 2045, August 1, 2014

**4. The agency's contact person who can answer questions about the rulemaking:**

Name: Jerry W. Perkins

Address: Radiation Regulatory Agency  
4814 S. 40th St.  
Phoenix, AZ 85040

Telephone: (602) 255-4845

Fax: (602) 437-0705

E-mail: jperkins@azrra.gov

Website: www.azrra.gov

**5. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**

This rulemaking package amends and adds several rules to ensure that the Medical Radiologic Technology Board of Examiners (MRTBE) is able to address recent safety issues related to scope of practice issues, revised certifications to match nationally recognized modalities, and rules to meet the Statute requirements. A.R.S. § 32-2819 was created by Session laws 2008, Chapter 228, § 3. This statute created the Radiologist Assistant certification to provide Arizona with additional health professional support in radiology similar in scope to other states.

**6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

None

**7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will**

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**diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact: summary of the economic, small business, and consumer impact:**

There is little or minimal economic impact from any of the proposed rules in this rulemaking. Currently, all certified technologists pay a fee which covers the administrative cost and examination if needed for these individuals. This package has no fee increase or new requirements that would markedly change the way businesses operate with radiation safety concerns in mind. The amendments in this rulemaking address recent safety issues related to scope of practice issues, revised certifications to match nationally recognized modalities, and rules to meet the Statute requirements. A.R.S. § 32-2819 was created by Session laws 2008, Chapter 228, § 3. This statute created the Radiologist Assistant certification to provide Arizona with additional health professional support in radiology similar in scope to other states.

**9. The agency's contact person who can answer questions about the economic, small business and consumer impact statement:**

Name: Jerry W. Perkins  
Address: Radiation Regulatory Agency  
4814 S. 40th St.  
Phoenix, AZ 85040  
Telephone: (602) 255-4845  
Fax: (602) 437-0705  
E-mail: jperkins@azrra.gov  
Website: www.azrra.gov

**10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

An oral proceeding at the Agency will be scheduled for December 22, 2014, at 9 a.m. at 4814 S. 40th St., Phoenix, AZ. A person may also submit written comments concerning the proposed rules by submitting them no later than December 21, 2014, to the following person:

Name: Shanna Farish, Executive Director  
Location: Radiation Regulatory Agency  
Address: Medical Radiologic Technology Board of Examiners  
4814 S. 40th St.  
Phoenix, AZ 85040  
Telephone: (602) 255-4845  
Fax: (602) 437-0704

**11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The Agency believes that it is exempt from A.R.S. §§ 41-1037 due to paragraph (A)(2) as the issuance of an alternative type of permit is authorized under the statutory requirements of A.R.S. §§ 32-2804, 32-2812, 32-2814, 32-2815, 32-2816, 32-2819, and 32-2841.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

The rule amendments are compatible with existing federal regulations and are not more stringent in sections that have a federal equivalent. Currently the regulation of certified technologists is conducted at the state level as there is no federal regulatory body. Professional registers exist for the accreditation of training and federal regulations for training exist in 21 CFR 900.12 for technologists that perform screening authorized under the Mammography Quality Standards Act (MQSA) of 1994. Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 also requires accreditation from designated bodies and these bodies use quality standards that rely upon the professional scope of practice of technologists from national organizations.

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

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No analysis has been submitted as the regulated community must be in compliance with either federal training regulations if accepting Medicare insurance, or if certified as a MQSA mammography facility.

**12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

<b><u>Rule</u></b>	<b><u>Incorporated Material</u></b>
R12-2-401(A)	2013 American Society of Radiologic Technology's Radiography Practice Standards
R12-2-401(B)	2012 American Society of Radiologic Technology's Mammography Practice Standards
R12-2-401(C)	2011 American Society of Radiologic Technology's Radiation Therapy Practice Standards
R12-2-402(D)	2013 American Society of Radiologic Technology's Limited X-Ray Machine Operator Practice Standards
R12-2-403	2012 Society of Nuclear Medicine and Molecular Imaging's Nuclear Medicine Technologist Scope of Practice
R12-2-404	2011 American Society of Radiologic Technology's Bone Densitometry Practice Standards
R12-2-405(A)	2013 American Society of Radiologic Technology's Computed Tomography Practice Standards
R12-2-405(B)	2011 American Society of Radiologic Technology's Magnetic Resonance Practice Standards
R12-2-406	2011 American Society of Radiologic Technology's Radiologist Assistant Practice Standards

**13. The full text of the rules follows:**

**TITLE 12. NATURAL RESOURCES**

**CHAPTER 2. RADIATION REGULATORY AGENCY  
MEDICAL RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS**

**ARTICLE 1. GENERAL PROVISIONS**

Section

R12-2-101.	Definitions
R12-2-102.	Certificate Granting Bodies
R12-2-104.	<del>Approval of Radiologic Technology Schools</del> <u>Licensing Time-Frames</u>

**ARTICLE 2. APPLICATION AND CERTIFICATION OF TECHNOLOGISTS SCHOOLS AND TRAINING  
REQUIREMENTS OF RADIOLOGIC TECHNOLOGY**

Section

R12-2-201.	<del>Applications</del> <u>Radiologic Technology and Radiation Therapy Technology</u>
R12-2-202.	<del>Qualifications</del> <u>Practical Radiologic Technology</u>
R12-2-203.	<del>Examination Failures</del> <u>Practical Radiologic Technology in Bone Density &amp; Podiatry</u>
R12-2-204.	<del>Prohibitions and Limitations</del> <u>Nuclear Medicine</u>
R12-2-205.	<del>Certificate Expiration</del> <u>Bone Density</u>
R12-2-206.	<del>Fees</del> <u>Mammography</u>
R12-2-207.	<del>Change of Name or Address; Duplicate Certificate</del> <u>Computerized Tomography and Magnetic Resonance</u>
R12-2-208.	<u>Radiologist Assistants</u>

**ARTICLE 3. LICENSING TIME-FRAMES APPLICATION AND CERTIFICATION OF RADIOLOGIC  
TECHNOLOGIST**

Section

R12-2-301.	<del>Licensing Time-frames</del> <u>Applications</u>
R12-2-302.	<del>Repeated</del> <u>Qualifications</u>
R12-2-303.	<u>Fees</u>

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- R12-2-304. Renewals  
R12-2-305. Display of Certificate

**ARTICLE 4. ~~SCHOOLS OF PRACTICAL RADIOLOGIC TECHNOLOGY~~ SCOPE OF PRACTICE**

Section

- R12-2-401. ~~Course Time-frames~~ Radiologic Technology, Mammography and Radiation Therapy Technology  
R12-2-402. ~~Clinical Training~~ Practical Radiologic Technology  
R12-2-403. ~~Equipment and Facilities~~ Nuclear Medicine Technology  
R12-2-404. ~~Program Administration~~ Bone Density Technology  
R12-2-405. ~~Didactic Training~~ Computerized Tomography Technology  
R12-2-406. ~~School Approval~~ Radiologist Assistant

**ARTICLE 5. ~~NUCLEAR MEDICINE TECHNOLOGIST~~ REPEALED**

Section

- R12-2-501. ~~Definitions~~ Repealed  
R12-2-502. ~~Use of Title~~ Repealed  
R12-2-503. ~~Display of Certificate~~ Repealed  
R12-2-504. ~~Application for Approval of Nuclear Medicine School~~ Repealed  
R12-2-505. ~~Standards for Nuclear Medicine Technology Schools; Approved Nuclear Medicine Technology Schools~~ Repealed  
R12-2-506. ~~Certification and Grandfather Provisions~~ Repealed

**ARTICLE 6. ~~PRACTICAL TECHNOLOGIST IN BONE DENSITOMETRY~~ REPEALED**

Section

- R12-2-601. ~~Definitions~~ Repealed  
R12-2-602. ~~Recognized Certificate-granting Bodies~~ Repealed  
R12-2-603. ~~Limitation~~ Repealed  
R12-2-604. ~~Education~~ Repealed  
R12-2-605. ~~Qualified Instructors~~ Repealed

**ARTICLE 1. GENERAL PROVISIONS**

**R12-2-101. Definitions**

The definitions in A.R.S. § 32-2801 apply to this Article. In addition, the terms in this Chapter have the following meaning, unless the context otherwise requires:

“ARRT” means the American Registry of Radiologic Technologists.

“ASCP” means the American Society of Clinical Pathology.

“ASRT” means the American Society of Radiologic Technologists.

“ACR” means the American College of Radiology.

“Assistance” means any activity except the following: Positioning of the patient and x-ray tube, selecting technical settings, and exposing a patient to x-rays.

“Authorized user” means a physician licensed in Arizona to practice medicine and who is identified as:

An authorized user on an Agency, Nuclear Regulatory Commission (NRC), or Agreement State license that authorizes the specified medical use: or

A user in a medical use board scope program, licensed by the Agency, NRC, or Agreement State to select its own authorized users.

“Board” means the Medical Radiologic Technology Board of Examiners.

“Bone Density Radiologic Technologist” means a person who holds a certificate to apply ionizing radiation to a person’s hips, spine, and extremities through the use of a bone density machine.

“Brachytherapy” means a method of radiation therapy in which a sealed source or group of sealed sources is used to deliver beta or gamma radiation at a distance of up to a few centimeters, by surface, intracavitary, intraluminal, or interstitial application.

“CBRPA” means the Certification Board for Radiology Practitioner Assistants.

“Certification” means the process by which the Board grants permission and recognition to an individual to engage in radiologic technology upon finding the individual has met the qualifications specified by statute and rule.

“Chest radiography” means radiography performed to visualize the heart and lungs only.

“Computed Tomography Technologist” means a person who applies ionizing radiation to a human using a computed tomography machine for diagnostic purposes.

“Contrast media” means material intentionally administered to the human body to define a part or parts that are not nor-

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mally radiographically visible.

“Diagnostic application” means the use of ionizing radiation for diagnostic purposes, including but not limited to, measuring and positioning patients or human tissue, selecting technical settings on x-ray equipment, and making x-ray exposures.

“Diagnostic dosage” means a prescribed amount of a radionuclide or radiopharmaceutical, which is used for a diagnostic purpose.

“Direct supervision” means an authorized user or licensed practitioner who is: personally aware of, and maintains independent professional responsibility for, the procedure intended for a given patient, present in the facility; and available for immediate assistance.

“Extremity” means the shoulder girdle to the phalanges and the lower two-thirds of the femur to the phalanges.

“Electronic brachytherapy” means a method of radiation therapy where an electrically generated source of ionizing radiation is placed in or near the tumor or target tissue to deliver therapeutic radiation dosage.

“Foot” means the distal part of the human leg upon which an individual stands and walks.

“General supervision” means guidance, direction, and instruction by an authorized user or licensed practitioner who is available, but not necessarily within the supervised individual’s place of employment.

“Healing arts radiography” means the application of radiation to human patients for diagnostic or therapeutic purposes by a licensed practitioner or a person certified in accordance with R12-1-603(B)(1). Healing arts radiography includes: Positioning the x-ray beam with respect to the patient; Anatomical positioning of the patient; Selecting exposure factors, dosage of radiopharmaceutical and agent, therapeutic dose; and Initiating or producing the exposure.

“Immediate supervision” means in-room presence for instruction, direction, and guidance by an authorized user or licensed practitioner who is available to assume control of the given procedure.

“ISCD” means the International Society for Clinical Densitometry.

“Licensed practitioner” means a person licensed or otherwise authorized by law to practice medicine, dentistry, osteopathy, chiropractic, podiatry, or naturopathy in this state.

“Medical event” means:

The administration of a radiopharmaceutical or the radiation from a sealed source, administered for therapy purposes:

The wrong radiopharmaceutical or sealed source;

The wrong patient;

The wrong route of administration; or

A dosage that differs from the prescribed dosage by 20%; or

The administration of a diagnostic dosage of a radiopharmaceutical involving:

The wrong patient;

The wrong radiopharmaceutical;

The wrong route of administration; or

A dosage to an individual that exceeds 5 rems (.05Gy) effective dose equivalent or 50 rems (0.5Gy) dosage equivalent to any individual organ; or

A therapeutic radiation dose from a sealed source such that errors in the source calibration, time of exposure, and treatment geometry result in a calculated total treatment dose differing from the final, prescribed total treatment dose by more than 10%.

“Medical use” means the intentional internal or external administration of byproduct material or the radiation from byproduct material to patients or human research subjects under the supervision of an authorized user.

“NMTCB” means the Nuclear Medicine Technology Certification Board.

“Nuclear Medicine Technologist” means a person who uses radiopharmaceutical agents on humans for diagnostic or therapeutic purposes.

“Practical radiologic technologist” for purposes of this Chapter is equivalent to “practical technologist in radiology”; however, this title is further defined as a person authorized to use radiography, not including fluoroscopy, nor and the use of contrast media, and limited to the chest and extremities, on humans, at the direction of a licensed practitioner; unless

The person is certified as a practical radiologic technologist in podiatry, in which case the person is limited to radiography of the lower leg, ankle and foot and leg; or

The person is certified as an “unlimited” practical radiologic technologist, in which case the person is not limited to radiography of the body areas in this definition; or

The person is certified as a practical technologist in bone density, in which case the person is limited to performing bone mineral densitometry of the distal extremities only.

“Practical radiologic technologist in podiatry” for purposes of this Chapter is equivalent to “practical technologist in podiatry.”

“Practical radiologic technology” means radiography limited to the chest or extremities and not including the use of fluoroscopy and the use of contrast media. For purposes of this Chapter “practical radiologic technology” is equivalent to “practical technology in radiology.”

“Qualified instructor” means a person who is recognized by the Board, provides education or training in the application of radiation to humans for diagnostic or therapeutic purposes, and has a relevant certification from the Board or a recognized

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certificate-granting body.

“Radiograph” means the record of images which represents anatomical details of the part radiographically examined and is formed by the differential absorption of ionizing radiation within the part.

“Radiography” means the use of ionizing radiation in making radiographs.

“Radiologist Assistant” means a person who performs independent advanced procedures in medical imaging and interventional radiology under the guidance, direction, supervision and discretion of a licensed practitioner of medicine or osteopathy specializing in radiology (Radiologist).

“Radionuclide” means a radioactive element of a radioactive isotope.

“Radiopharmaceutical” means any drug that exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any nonradioactive reagent kit or nuclide generator that is intended to be used in the preparation of the drug.

“Radiopharmaceutical agent” means a radionuclide or radionuclide compound designed and prepared for administration to human beings.

“Special permit” means a certificate issued by the Board exempting an individual from the specific provisions of A.R.S. §§ 32-2802 through 32-2813.

“Specific direction” means the application of x-radiation to a specific area of the human body for diagnostic purposes while under the specific supervision of a licensed practitioner.

“Temporary certificate” means a certificate issued by the Board to any person who has completed a training program approved by the Board and whose certification is pending.

“Therapeutic application” means the use of ionizing radiation including, but not limited to, setting up the treatment position, delivering the required dose prescribed by the physician, certifying the record of the technical details of the treatment, selecting the required filter and treatment distance, making beam directional shells and molds, using diagnostic x-ray equipment for tumor localization, assisting the physicist in calibration procedure, and assisting in treatment planning procedures. Therapeutic application does not include taking x-rays for diagnostic purposes.

“Therapeutic purpose” means the use of x-radiation to treat human disease.

“Therapeutic Technologist” means a person who uses radiation on humans for therapeutic purposes.

“X-radiation” means penetrating electromagnetic radiation with wave-lengths shorter than those of visible light that is usually produced by bombarding a metallic target with fast electrons in a high vacuum, creating photons that originate from the extranuclear part of the atom.

**R12-2-102. Certificate Granting Bodies**

For the purpose of A.R.S. § 32-2812(C), the Board shall maintain a list of approved certificate granting bodies in all fields and specialties ~~the field~~ of Radiologic Technology.

**R12-2-104. ~~Approval of Radiologic Technology Schools~~ Licensing Time-Frames**

- A. ~~An applicant seeking approval for a proposed radiologic technology school shall apply by letter and shall address all of the concerns listed for school approval in A.R.S. § 32-2804. Within 30 days of receiving an initial or a renewal certificate or permit application package, the Board shall notify the applicant of any deficiencies found in the package. The Board shall provide a written comprehensive list of the deficiencies to the applicant. The 30-day time-frame for determining administrative completeness is suspended from the date the deficiency notice is mailed until the date that the Board receives all missing information from the applicant. If an applicant fails to supply the missing information or to request an extension of response time within 90 days from the date of the deficiency notice, the Board shall close the application file and require a new application with all appropriate fees.~~
- B. ~~The Board shall review and approve a school application according to the schedule in R12-2-301. The Board shall render a certification or permit decision within 30 days after completion of the administrative completeness review time-frame, unless an extension of 15 days is agreed to by the applicant. If deficiencies are found in the application package, the Board shall make a written comprehensive request for additional information from the applicant. The 30-day time-frame for substantive review is suspended from the date the request is mailed until the date that the Board receives additional information from the applicant. If an applicant fails to respond to the written request or to request an extension of response time within 90 days of the notice, the Board shall close the application file and require a new application with all appropriate fees.~~
1. ~~If an applicant is found to be ineligible, the Board shall provide the applicant a written notice of denial explaining:~~
    - a. ~~The reason for the denial with citation to supporting statutes or rules;~~
    - b. ~~The applicant's right to seek an appeal of the denial; and~~
    - c. ~~The time periods for appealing the denial.~~
  2. ~~If an applicant is found to be eligible, the applicant shall be notified and provided a certificate or permit number.~~
- C. ~~The Board shall maintain a list of radiologic technology schools approved according to A.R.S. § 32-2804. Within 60 days of receiving a school application package, the Board shall notify the applicant of any deficiencies found in the package. The Board shall provide a written comprehensive list of the deficiencies to the applicant. The 60-day time-frame for deter-~~

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mining administrative completeness is suspended from the date the deficiency notice is mailed until the date that the Board receives all of the missing information from the applicant. If an applicant fails to supply the missing information or to request an extension of response time within 90 days from the date of the deficiency notice, the Board shall close the application file and require a new application with all appropriate fees.

**D.** The Board shall render a decision regarding school approval within 60 days after the completion of the administrative completeness review time-frame, unless an extension of 30 days is agreed to by the applicant. If deficiencies are found in the application package, the Board shall make a written comprehensive request for additional information from the applicant. The 60-day time-frame for substantive review is suspended from the date the request is mailed until the date that the Board receives all additional information from the applicant. If an applicant fails to respond to the written request or to request an extension of response time within 90 days of the notice, the Board shall close the application file and require a new application with all appropriate fees.

1. If an applicant is found to be ineligible, the Board shall provide the applicant a written notice of denial explaining:
  - a. The reason for the denial with citation to supporting statutes or rules;
  - b. The applicant's right to seek an appeal of the denial; and
  - c. The time periods for appealing the denial.

2. If an applicant is found to be eligible, the applicant shall be notified and the application shall be provided to the Board for approval.

**E.** For the purposes of A.R.S. Title 41, Chapter 6, Article 7.1, the Board establishes the following time-frames in days:

<u>Type of Application</u>	<u>Administrative Completeness Review Time</u>	<u>Substantive Review Time-frame</u>	<u>Overall Time-frame</u>
Certification or Permit	<u>30</u>	<u>30</u>	<u>60</u>
School Approval	<u>60</u>	<u>60</u>	<u>120</u>

**ARTICLE 2. APPLICATION AND CERTIFICATION OF TECHNOLOGISTS SCHOOLS AND TRAINING APPROVALS AND REQUIREMENTS OF RADIOLOGIC TECHNOLOGY**

**R12-2-201. ~~Applications~~ Radiologic Technology and Radiation Therapy**

~~With respect to the application procedure outlined in A.R.S. § 32-2812(A) and (B):~~

1. ~~The Board accepts a passing score on the high school equivalency test (G.E.D.) as evidence of successful completion of high school or its equivalent.~~
2. ~~On a notarized Board application form for certification, or as an attachment to a completed and notarized Board application, an applicant shall provide the following information:~~
  - a. ~~Copy of current American Registry of Radiologic Technologists (ARRT) wallet card;~~
  - b. ~~Copy of any degree, diploma, or certificate from an approved radiologic or practical radiologic technology school;~~
  - e. ~~Photo;~~
  - d. ~~Certification fee;~~
  - e. ~~Name, address, and telephone number;~~
  - f. ~~Birth date, sex, and social security number;~~
  - g. ~~Purpose of application and current licensure or certificate number, if applicable;~~
  - h. ~~Employment information for the last three years;~~
  - i. ~~Education information;~~
  - j. ~~Criminal, moral, license/certification history; and~~
  - k. ~~Signature and date of signature of the applicant~~

**A.** An applicant seeking approval for a proposed radiologic technology school or radiation Therapy school shall apply by letter and shall address all of the concerns listed for school approval in A.R.S. § 32-2804.

**B.** The Board shall review and approve a school application according to the schedule in R12-2-104.

**C.** The Board shall maintain a list of radiologic and radiation therapy technology schools approved according to A.R.S. § 32-2804.

**D.** Upon completion of training, an applicant must either pass a Board approved examination with a minimum score of 70% or in lieu of its own examination, accept a valid certificate issued on the basis of an examination by a certificate-granting body recognized by the Board.

**E.** Possess a minimum of 24 hours continuing education over the previous two years.

**R12-2-202. ~~Qualifications~~ Practical Radiologic Technology**

**A.** ~~The Board shall issue a radiologic technologist certificate if the applicant meets the qualifications for a radiologic technol-~~



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ogist certificate prescribed in A.R.S. § 32-2812 or the qualifications for a temporary radiologic technologist certificate prescribed in A.R.S. § 32-2814. Course Time-frame: The administrator of a school of practical radiologic technology shall ensure that the time-frame for the course of study shall not be less than six months or more than 24 months for completion of 210 hours of didactic training and 480 hours clinical training.

- B.** The Board shall issue a practical technologist in radiology certificate if the applicant has passed an examination approved by the Board and has completed a Board-approved program of limited practical technology in radiology. An applicant shall be notified by the Board of the time and place of the next examination, if the applicant fails the examination. Clinical Training: A school may provide clinical training in one general facility or two specific clinical facilities.
1. “General clinical facility” means a hospital, clinic, or doctor's office that provides clinical training in both chest and extremity radiography. The clinical training shall consist of a minimum of 12 examinations per day per student, of which 30 percent are chest examinations and 70 percent are extremity examinations.
  2. “Specific clinical facility” means a hospital, clinic, or doctor's office that provides clinical training in chest or extremity radiography. A specific clinical training program shall include a minimum of 12 examinations per day per student. The training period at a specific clinical facility devoted to chest examinations shall not exceed three weeks. The training period at a specific clinical facility devoted to extremity examinations shall not exceed nine weeks.
- C.** ~~An applicant or an inactive certificate holder who has not practiced radiologic technology during the prior three years shall pass an examination approved by the Board before certification.~~ Equipment and Facilities
1. A school is not required to have an energized laboratory and equipment, but if utilized, the laboratory and equipment shall conform to Arizona Radiation Regulatory Agency rules.
  2. A school shall maintain a library or electronic access of current books, journals, and other reference material commonly used in and related to the curriculum and profession.
- D.** Program Administration: One or more individuals may be responsible for the school's administrative, supervisory, or educational duties. However, these responsibilities shall be clearly stated in the school's administrative policies.
1. The Program Director shall be responsible for the radiography educational program, and be one of the following:
    - a. An Arizona certified radiologic technologist with a minimum of two years of post-certification experience and two years of teaching experience in a diagnostic radiologic technology program or equivalent, as determined by the Board, or its duly authorized representative;
    - b. A radiologic physicist certified by the American College of Radiology or equivalent, as determined by the Board, or its duly authorized representative, with at least two years of experience as an instructor in an academic course of study in diagnostic radiologic technology or equivalent, as determined by the Board, or its duly authorized representative; or
    - c. A radiologist certified by the American College of Radiology, or equivalent, as determined by the Board, or its duly authorized representative, with at least two years of experience as a lecturer in an academic course of study in diagnostic radiologic technology or equivalent, as determined by the Board, or its duly authorized representative.
  2. An instructor shall be qualified through academic preparation and experience to teach the assigned subjects, as determined by the Board, or its duly authorized representative.
    - a. An instructor who is an Arizona certified radiologic technologist shall teach the following subjects:
      - i. Adult and pediatric positioning (radiologic).
      - ii. Physics and technical factors.
      - iii. Film processing.
      - iv. Quality control.
      - v. Film critique.
      - vi. Survey of human disease, and
      - vii. Radiation protection.
    - b. A physician or other health professional shall teach a survey of human disease and a physicist or a radiologist shall teach radiation protection, quality control, and physics.
  3. Clinical supervision shall be provided by an individual who is:
    - a. An Arizona certified radiologic technologist with minimum of two years of post-certification experience; or
    - b. An Arizona certified practical technologist in radiology with a minimum of three years of post-certification experience; and
    - c. Available during the training period in the clinical area when radiography procedures are being performed.
- E.** Didactic Training requires the following minimum hours in each of the following subjects:
1. Professional ethics (five hours).
    - a. Definition of ethics, nature of ethics, and value of ethics to the practical technologist, patient, and medical profession;
    - b. Professional secrecy and confidential knowledge regarding patients, physicians, and institutions;
    - c. Practical technologist relationship to patients, other technologists, radiologists, attending physicians, and other members of the medical staff.

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2. Office procedures (five hours).
  - a. An instructor shall stress office professionalism, including action, appearance, and speech. Special attention shall be given to handling telephone conversations so that essential information is obtained when scheduling radiography.
  - b. Legal and ethical problems involving loan of radiographs, ordering examinations, ownership of equipment, visitors in the radiographic rooms, records, and use of equipment.
3. Anatomy, physiology, and medical terminology.
4. Adult and pediatric positioning (30 hours).
  - a. General positioning nomenclature and terminology. An instructor shall familiarize each student with the terms: anterior, posterior, lateral, oblique, caudal, cephalad, tangential, supine, prone, upright, medial, flexion, extension, adduct, abduce and other terms used to correctly position patients for radiography.
  - b. Procedure comprehension. Under classroom conditions, an instructor shall train each student so that the student is able to describe the anatomy visualized; describe the positions used, in terms of direction of the central ray and anatomical area of interest; name the size of film ordinarily used; describe patient preparation, if necessary; describe the special procedures applicable to radiographing specific regions of the body; identify radiographs of the basic radiographic positions; label the anatomic parts; explain variations in technical factors required for differences in patient habitus and similar anatomical areas of interest having different density and radiographic obstructions such as casts; explain how to avoid degradation of image quality from patient motion; and; describe variations in tube-film placement required to compensate for a patient's immobility.
  - c. Procedure practice. In a laboratory situation, using a patient or a phantom, an instructor shall train each student so that the student is able to position the correct anatomical part, stabilizing or immobilizing the patient or phantom as needed; select the correct film size; align the x-ray tube to the anatomical part and film; and adjust the cone or collimator to the appropriate field size.
  - d. Radiography of pediatric and geriatric patients. An instructor shall familiarize a student with the techniques necessary to sympathize and empathize with patients. In doing so, the instructor shall train each student to gain the patient's cooperation in obtaining a useful radiograph. Also, the instructor shall train each student to recognize the maneuverability of patients of all ages; devise methodologies necessary to obtain a satisfactory radiograph; relate with the patient in a manner which will not adversely affect a patient's psychological state; and provide comfort measures that will aid in obtaining high quality radiographs.
5. Physics and technical factors (50 hours).
  - a. The structure of matter: the atom, elements, compounds, substances, mixtures, and modes of ionization.
  - b. Production and properties of x-rays: nature of electromagnetic radiation, production of x-rays, interactions of x-ray with matter, detection of ionizing radiation, and specification of the x-ray beam.
  - c. X-ray tubes: early x-ray tubes, modern x-ray tubes, stationary anode tubes, rotating anode tubes, types of tube cooling, tube housings and beam restricting systems, x-ray tube characteristics, focal spots, x-ray tube rating charts, and tube cooling charts.
  - d. Radiographic algorithms of a latent image and the prime factors of radiography (milliamperage, time, distance, and kilovoltage).
  - e. Factors affecting radiographic quality (density, detail, contrast distortion, and magnification) as related to chest and extremities.
  - f. Calibration, heat loading of x-ray tubes, conditions influencing choice of exposure factors, filters, grids, cones, cylinders, diaphragms, calipers, cassettes, film holders, technique charts, and identification system.
  - g. Discussions, problems, and experiments related to time, source image receptor distance, milliamperage, peak kilovoltage, and the relationships that can be established with combinations of each of these parameters, shall be provided to each student.
6. Processing-Digital Image Formation (15 hours).
  - a. Darkroom construction, equipment, and arrangement; illumination and test for illumination, and x-ray film: handling, developing, rinsing, fixing, washing, and drying.
  - b. Preparation of solutions, types, care of processing apparatus, automatic processing, reduction of overexposed and underexposed radiographs, and film artifacts and their uses.
  - c. Digital Image Processing.
7. Quality control (10 hours). An instructor shall train each student in the following subject areas: evaluation of film system procedures, radiographic machines, image quality, film screens, film holders, and grids.
8. Film and Image critique (20 hours).
  - a. Patient's relevant clinical data: reasons for radiographic examination (pathology) and assessment of the patient during the radiographic examination.
  - b. Technique employed: technical factors and source image receptor distance.
  - c. Collimation and shielding: film size, field size, shielding, and markers.
  - d. Positioning: basic positioning and devices.

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- e. Anatomy: radiographic anatomy and anatomical anomalies.
- f. Radiographic quality: density, contrast, resolution, distortion and magnification, fog, grids, film screens, film processing, and image artifacts.
- 9. Survey of diseases (five hours). Disease and injury encountered in the radiography of chest and extremities.
- 10. Nursing procedures (10 hours). An instructor shall train each student in patient care, including emergency procedures.
- 11. Radiation protection (30 hours).
  - a. Atomic structure, properties of radiation, modes of x-ray production, x-ray interaction with matter (absorption processes), units of radiation exposure and dosage, personal dosimetry and survey instruments, mechanisms of biological damage (stochastic and nonstochastic effects).
  - b. History and basic principles of radiation protection, standards for protection against ionizing radiation, including the principles of "ALARA" (As Low As Reasonably Achievable); methods for reducing exposure to personnel and patients, including the correct use of collimator, filtration, proper kilovoltage and milliamperage, time settings; formulation of x-ray exposure techniques; and special radiation protection measures for x-ray examinations. An instructor shall demonstrate the importance of time, distance and shielding, and scattering of x-rays.
  - c. protection against ionizing radiation, including the principles of "ALARA" (As Low As Reasonably Achievable); methods for reducing exposure to personnel and patients, including the correct use of collimator, filtration, proper kilovoltage and milliamperage, time settings; formulation of x-ray exposure techniques; and special radiation protection measures for x-ray examinations. An instructor shall demonstrate the importance of time, distance and shielding, and scattering of x-rays.

**F. School Approval**

- 1. An applicant seeking to open a Practical Radiologic Technology School shall apply to the Board by letter and shall address all of the issues in R12-2-202.
- 2. The Board shall review a school application in a timely manner as required in R12-2-104 and approve or deny the application.
- 3. The Board shall maintain a list of approved schools.

**G. Upon completion of training, an applicant must pass a Board approved examination with a minimum score of 67%.**

**H. Possess a minimum of six hours continuing education over the previous two years**

**R12-2-203. ~~Examination Failures~~ Practical Technologist in Bone Densitometry & Podiatry**

Upon failing the certification exam a third time, a radiologic or a practical radiologic technologist applicant shall repeat the entire course of training prescribed for the specified certificate.

**A. Practical Technologist in Bone Densitometry**

- 1. An applicant shall provide evidence of having completed a total of 80 hours of instruction from qualified instructors in the following subjects: radiation safety, conventions in densitometry, densitometry techniques, anatomy, precision and accuracy, quality control, osteoporosis overview, and understanding data.
- 2. An applicant must pass a Board approved Limited Bone Density examination with a minimum core of 70%.

**B. Practical Technologist in Podiatry**

- 1. An applicant shall provide evidence of having completed a Board Approved Didactic course in Podiatry Radiology, complete clinical training under a State licensed podiatrist, and provide the Board with images independently taken to be reviewed by the Boards director and an independent licensed podiatrist.
- 2. The applicant must pass a Board approved Podiatry Radiology or a Limited Bone Density examination with a minimum score of 70%.

**C. Possess a minimum of two hours continuing education for Practical Technologist in Podiatry or one hour continuing education for Practical Technologist in Bone Densitometry over the previous two years.**

**R12-2-204. ~~Prohibitions and Limitations~~ Nuclear Medicine**

**A. ~~The practice of radiologic technology includes the direct application of x-radiation, technical instruction, and supervision of diagnostic and therapeutic applications. Based on the following factors, the Board may approve a school of nuclear medicine technology as maintaining a satisfactory standard if its course of study:~~**

- 1. Is for a period not less than 12 months of full-time study or the equivalent and is accredited by the Joint Review Committee on Education in Nuclear Medicine or meets or exceeds the standards of the Joint Review Committee on Education in Nuclear Medicine as determined by the Board.
- 2. Includes not less than 1,900 contact hours, including but not limited to: methods of patient care, radiation safety and protection, nuclear medicine, physics and radiation physics, nuclear instrumentation, statistics, radionuclide chemistry and radiopharmacy, departmental organization and function, radiation biology, nuclear medicine in-vivo and in-vitro procedures, radionuclide therapy, computer application, clinical education, and medical law and ethics.

**B. ~~The practical radiologic technology certificate, issued after August 27, 1978, authorizes the practical radiologic technologist to perform only:~~ The Board shall maintain a list of approved schools.**

- 1. Radiography of the chest, involving the heart and lungs;

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- 2. Radiography of the upper extremities, excluding the proximal one-third of the humerus; or
- 3. Radiography of the lower extremities, excluding the upper one-third of the femur.
- C. ~~In addition to the anatomical limitation prescribed in subsection (B), the practical radiologic technologist is prohibited from performing any radiography involving the use of contrast media. Upon completion of training, an applicant must either pass a Board approved examination with a minimum score of 70% or in lieu of its own examination, accept a valid certificate issued on the basis of an examination by a certificate-granting body recognized by the Board.~~
- D. Possess a minimum of 24 hours continuing education over the previous two years

**R12-2-205. ~~Certificate Expiration~~ Bone Densitometry**

~~Failure to pay the renewal fee for certification, as specified in R12-2-206, on or before the certificate's expiration date will result in the expiration of the certificate. An expired certificate cannot be reinstated. An individual who fails to renew a certificate in a timely manner, shall reapply according to R12-2-201.~~

- A. An applicant seeking approval for Bone Densitometry Training shall apply by letter and shall address curriculum offered for approval.
- B. The Board shall review and approve training application according to the schedule in R12-2-104.
- C. The Board shall maintain a list of Bone Densitometry trainings approved.
- D. An applicant must possess a valid state certification in radiologic technology or upon completion of training, an applicant must either pass a Board approved examination with a minimum score of 70% or in lieu of its own examination the Board may accept a valid certificate issued on the basis of an examination by a Board recognized certificate-granting body.
- E. Possess a minimum of 24 hours continuing education over the previous two years

**R12-2-206. ~~Fees~~ Mammography**

~~The certification renewal fee adopted by the Board is \$60. The initial application fee is specified in A.R.S. § 32-2812.~~

- A. The applicant must possess certification in Radiologic Technology.
- B. Shall complete 40 hours of didactic instruction and at least 160 hours of clinical instruction taught by a facility accredited by the American College of Radiology and registered by this state per § 32-2841.B.
- C. The applicant shall possess a valid Mammography Training Approval Form from the Board during the training.
- D. Upon completion of training, an applicant must either pass a Board approved examination with a minimum score of 70% or in lieu of its own examination, accept a valid certificate issued on the basis of an examination by a certificate-granting body recognized by the Board.
- E. Possess a minimum of 24 hours continuing education, with at least eight hours being mammography specific, over the previous two years.

**R12-2-207. ~~Changes of Name or Address; Duplicate Certificates~~ Computerized Tomography & Magnetic Resonance Technology**

- A. ~~A holder of a certificate shall notify the Board in writing of any change in name or address within 60 days of the change. A holder of a certificate requesting a change of name on a certificate shall submit the certificate containing the incorrect name to the Board before the Board issues a corrected certificate. The applicant must possess certification in Radiologic Technology, Nuclear Medicine, or Radiation Therapy and~~
- B. ~~A holder of a certificate shall receive a duplicate certificate upon submitting to the Board a notarized statement describing, to the best of the certificate holder's knowledge, the circumstances of the loss or destruction of the original certificate. Have at least two years documented computerized tomography experience with at least 12 continuing education hours specific to Computerized Tomography or Magnetic Resonance received over the past two years; or~~
- C. Possess an advanced post primary certification from a Board recognized certification issuing agency in Computerized Tomography.
- D. Possess a minimum of 24 hours continuing education over the previous two years

**R12-2-208. Radiologist Assistant**

- A. The applicant must possess certification in Radiologic Technology, Nuclear Medicine or Radiation Therapy.
- B. Have completed an advanced academic program recognized by the Board, ARRT, ACR, NMTCB, or CBRPA.
- C. Complete at least one year advanced clinical preceptorship under the supervision of one or more licensed practitioners who are ABR certified radiologists.
- D. After January 1, 2009, hold a baccalaureate degree from an accredited educational institution.
- E. The Board shall maintain a list of approved academic programs.
- F. Upon completion of training, the Board will accept a valid certificate issued on the basis of an examination by a certificate-granting body recognized by the Board.
- G. Possess a minimum of 50 hours continuing education over the previous two years

**ARTICLE 3. ~~LICENSING TIME-FRAMES~~ APPLICATION AND CERTIFICATION OF RADIOLOGIC TECHNOLOGISTS**

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**R12-2-301. Licensing Time-frames Applications**

- A.** Within 30 days of receiving an initial or a renewal certificate or permit application package, the Board shall notify the applicant of any deficiencies found in the package. The Board shall provide a written comprehensive list of the deficiencies to the applicant. The 30-day time-frame for determining administrative completeness is suspended from the date the deficiency notice is mailed until the date that the Board receives all missing information from the applicant. If an applicant fails to supply the missing information or to request an extension of response time within 90 days from the date of the deficiency notice, the Board shall consider the application abandoned and require a new application with all appropriate fees.
- B.** The Board shall render a certification or permit decision within 30 days after completion of the administrative completeness review time-frame, unless an extension of 15 days is agreed to by the applicant. If deficiencies are found in the application package, the Board shall make a written comprehensive request for additional information from the applicant. The 30-day time-frame for substantive review is suspended from the date the request is mailed until the date that the Board receives additional information from the applicant. If an applicant fails to respond to the written request or to request an extension of response time within 90 days of the notice, the Board shall consider the application abandoned and require a new application with all appropriate fees.
1. If an applicant is found to be ineligible, the Board shall provide the applicant a written notice of denial explaining:
    - a. The reason for the denial with citation to supporting statutes or rules;
    - b. The applicant's right to seek an appeal of the denial; and
    - c. The time periods for appealing the denial.
  2. If an applicant is found to be eligible, the applicant shall be notified and provided a certificate or permit number.
- C.** Within 60 days of receiving a school application package, the Board shall notify the applicant of any deficiencies found in the package. The Board shall provide a written comprehensive list of the deficiencies to the applicant. The 60-day time-frame for determining administrative completeness is suspended from the date the deficiency notice is mailed until the date that the Board receives all of the missing information from the applicant. If an applicant fails to supply the missing information or to request an extension of response time within 90 days from the date of the deficiency notice, the Board shall consider the application abandoned and require a new application with all appropriate fees.
- D.** The Board shall render a decision regarding school approval within 60 days after the completion of the administrative completeness review time-frame, unless an extension of 30 days is agreed to by the applicant. If deficiencies are found in the application package, the Board shall make a written comprehensive request for additional information from the applicant. The 60-day time-frame for substantive review is suspended from the date the request is mailed until the date that the Board receives all additional information from the applicant. If an applicant fails to respond to the written request or to request an extension of response time within 90 days of the notice, the Board shall consider the application abandoned and require a new application with all appropriate fees.
1. If an applicant is found to be ineligible, the Board shall provide the applicant a written notice of denial explaining:
    - a. The reason for the denial with citation to supporting statutes or rules;
    - b. The applicant's right to seek an appeal of the denial; and
    - c. The time periods for appealing the denial.
  2. If an applicant is found to be eligible, the applicant shall be notified and the application shall be provided to the Board for approval.
- E.** For the purposes of A.R.S. Title 41, Chapter 6, Article 7.1, the Board establishes the following time-frames in days:  
Certification, Permit, and School Approval Time-frames

<i>Type of Application</i>	<i>Administrative Completeness Review Time</i>	<i>Substantive Review Time-frame</i>	<i>Overall Time-frame</i>
Certification or Permit	30	30	60
School Approval	60	60	120

With respect to the application procedure outlined in A.R.S. § 32-2812(A) and (B):

1. The Board accepts a passing score on the high school equivalency test (G.E.D.) as evidence of successful completion of high school or its equivalent.
2. On a notarized Board application form for certification, or as an attachment to a completed and notarized Board application, an applicant shall provide the following information:
  - a. Copy of current American Registry of Radiologic Technologists (ARRT) or Nuclear Medicine Technology Certification (NMTCB) or Certification Board for Radiology Practitioner Assistants (CBRPA) or The International Society for Clinical Densitometry (ISCD) wallet card if applicable or documentation of passing a Board approved examination;
  - b. Copy of continuing education documentation if applicable;
  - c. Copy of any degree, diploma, or certificate from an approved radiologic or practical radiologic technology

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- school;
- d. Passport size Photo;
- e. Certification fee;
- f. Name, address, and telephone number;
- g. Birth date, sex, and social security number;
- h. Purpose of application and current licensure or certificate number, if applicable;
- i. Employment information for the last three years;
- j. Education information;
- k. Criminal, moral, license/certification history; and
- l. Signature and date of signature of the applicant.

**R12-2-302. Repeated Qualifications**

- A.** The Board shall issue a radiologic, nuclear medicine, radiation therapy, mammography, practical technologist in radiology, podiatry, or bone densitometry, computerized tomography, or bone densitometry technology or radiologist assistant certificate if the applicant meets the qualifications prescribed in A.R.S. §§ 32-2812, 32-2813, 32-2814, 32-2815, 32-2819, or 32-2841 and Article 2.
- B.** An applicant or an inactive certificate holder who has not practiced radiologic technology during the prior three years shall pass an examination approved by the Board before certification.
- C.** Upon failing a certification examination a third time, a radiologic or a practical radiologic technologist applicant shall repeat the entire course of training or complete a school prescribed refresher tutorial course prior to re-taking the examination.

**R12-2-303. Fees**

- A.** Per A.R.S. § 32-2812(A) and 32-2815(A), the application is a non-refundable \$60 fee which may be prorated quarterly over the two year certification period for all radiologic technology specialties with the exception of mammography which is \$20 per A.R.S. § 32-2841(A)(1).
- B.** The every two year renewal fee is \$60 with the mammography exception of \$20 dollars.

**R12-2-304. Renewals**

- A.** If the applicant's last name begins with the letter A through M, the certificate expires on the holder's birth month in every even numbered year. All others expire on the holder's birth month in every odd numbered year.
- B.** The Board may renew a certificate for two years on payment of the fee and submission of a completed renewal application containing all information requested by the Board.
- C.** A certificate holder who fails to renew the certificate on or before expiration, but within 30 days of expiration shall pay a penalty late fee of \$50.
- D.** A certificate holder who fails to renew the certificate beyond 30 days of expiration and who continues to practice radiologic technology will be subject to disciplinary action which may include censure, reprimand, or denial of renewal by the Board.
- E.** On request of a certificate holder in good standing, the Board may place the certification on inactive status. The Board may reinstate the certificate on receiving a renewal/reactivation application and payment of the renewal fee which will be prorated.
- F.** An expired certificate cannot be renewed. An individual, who fails to renew a certificate in a timely manner, shall reapply.

**R12-2-305. Display of Certificate**

- A.** Every technologist, radiologist assistant or special permit holder shall display original certificate at place of employment. Upon secondary employment, original certificate shall be displayed at primary employment with copy at secondary employment with documentation where original certificate is posted.
- B.** The Board may issue a replacement certificate for a \$10 processing fee when
  - 1. A holder of a certificate submits documentation of a legal name change.
  - 2. A holder of a certificate submits a statement describing, to the best of their knowledge the circumstances of a loss or destruction of the original certificate.

**ARTICLE 4. SCHOOLS OF PRACTICAL RADIOLOGIC TECHNOLOGY SCOPE OF PRACTICE**

**R12-2-401. Course Time frames Radiologic Technology, Mammography, and Radiation Therapy Technology**

- A.** The administrator of a school of practical radiologic technology shall ensure that the time frame for the course of study shall not be less than six months or more than 24 months for completion of 210 hours of didactic training and 480 hours clinical training. Radiologic Technology shall meet the parameters determined by the profession through the 2013 American Society of Radiologic Technology's Radiography Practice Standards incorporated by reference and available for inspection or copying at the Arizona Radiation Regulatory Agency, 4814 S. 40th St., Phoenix, AZ 85040. This incorporated material is also available from ASRT Communications Department, 15000 Central Avenue, Albuquerque, NM

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87123-3909 or <http://www.asrt.org/main/standards-regulations/practice-standards/practice-standards>. This incorporated material contains no future editions or amendments.

- B.** Mammography Technology shall meet the parameters determined by the profession through the 2012 American Society of Radiologic Technology's Mammography Practice Standards incorporated by reference and available under R12-1-401(A). This incorporated material contains no future editions or amendments.
- C.** Radiation Therapy Technology shall meet the parameters determined by the profession through the 2011 American Society of Radiologic Technology's Radiation Therapy Practice Standards incorporated by reference and available under R12-1-401(A). This incorporated material contains no future editions or amendments.

**R12-2-402. Clinical Training Practical Radiologic Technology**

- A.** A school may provide clinical training in one general facility or two specific clinical facilities. Certified Practical Technologists in Radiology are permitted to perform radiographic examinations of the chest and extremities only. The upper extremity includes the shoulder girdle to phalanges, and the lower extremity excluding the upper one-third of the femur to the phalanges. Chest radiography may be performed to visualize the heart and lungs only.
- B.** Types of clinical training facilities: Certified Practical Technologists in Podiatry are permitted to perform radiographic examinations of the lower leg, ankle and foot only.
  - 1. "General clinical facility" means a hospital, clinic, or doctor's office that provides clinical training in both chest and extremity radiography. The clinical training shall consist of a minimum of 12 examinations per day per student, of which 30 percent are chest examinations and 70 percent are extremity examinations.
  - 2. "Specific clinical facility" means a hospital, clinic, or doctor's office that provides clinical training in chest or extremity radiography. A specific clinical training program shall include a minimum of 12 examinations per day per student. The training period at a specific clinical facility devoted to chest examinations shall not exceed three weeks. The training period at a specific clinical facility devoted to extremity examinations shall not exceed nine weeks.
- C.** Certified Practical Technologists in Bone Density are permitted to perform bone mineral densitometry of the distal extremities only.
- D.** Certified Practical Technologists listed in Subsections (A), (B), and (C) are prohibited from conducting fluoroscopic examinations or injection of contrast. Unless otherwise prohibited in this Chapter, Practical Technologists shall also meet the parameters determined by the profession through the 2013 American Society of Radiologic Technology's Limited X-Ray Machine Operator Practice Standards incorporated by reference and available under R12-1-401(A). This incorporated material contains no future editions or amendments.
- E.** Certified Practical Technologists Unlimited are permitted to perform all examinations a Certified Radiologic Technologist is allowed to perform in accordance with the scope of practice listed under R12-2-401(A).

**R12-2-403. Equipment and Facilities Nuclear Medicine Technology**

Nuclear Medicine Technology shall meet the parameters determined by the profession through the 2012 Society of Nuclear Medicine and Molecular Imaging's Nuclear Medicine Technologist Scope of Practice incorporated by reference and available for inspection or copying at the Arizona Radiation Regulatory Agency, 4814 S. 40th St., Phoenix, AZ 85040. This incorporated material is also available from the Society of nuclear medicine and molecular imaging, 1850 Samuel Morse Drive Reston, Virginia 20190 or [http://interactive.snm.org/docs/Scope\\_of\\_Practice\\_NMT\\_6-8-2012\\_FINAL.pdf](http://interactive.snm.org/docs/Scope_of_Practice_NMT_6-8-2012_FINAL.pdf). This incorporated material contains no future editions or amendments.

- A.** A school is not required to have an energized laboratory and equipment, but if utilized, the laboratory and equipment shall conform to Arizona Radiation Regulatory Agency rules.
- B.** A school shall maintain a library of current books, journals, and other reference material commonly used in and related to the curriculum and profession.

**R12-2-404. Program Administration Bone Density Technology**

Bone Density Technology shall meet the parameters determined by the profession through the 2011 American Society of Radiologic Technology's Bone Densitometry Practice Standards incorporated by reference and available under R12-1-401(A). This incorporated material contains no future editions or amendments.

- A.** One or more individuals may be responsible for the school's administrative, supervisory, or educational duties. However, these responsibilities shall be clearly stated in the school's administrative policies.
- B.** The following personnel shall meet the listed minimum requirements:
  - 1. The Program Director shall be responsible for the radiography educational program, and be one of the following:
    - a. An Arizona-certified radiologic technologist with a minimum of two years of post certification experience and two years of teaching experience in a diagnostic radiologic technology program or equivalent, as determined by the Board, or its duly authorized representative;
    - b. A radiologic physicist certified by the American College of Radiology or equivalent, as determined by the Board, or its duly authorized representative, with at least two years of experience as an instructor in an academic course of study in diagnostic radiologic technology or equivalent, as determined by the Board, or its duly authorized representative; or

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- e. A radiologist certified by the American College of Radiology, or equivalent, as determined by the Board, or its duly authorized representative, with at least two years of experience as a lecturer in an academic course of study in diagnostic radiologic technology or equivalent, as determined by the Board, or its duly authorized representative.
- 2. An instructor:
  - a. An instructor shall be qualified through academic preparation and experience to teach the assigned subjects, as determined by the Board, or its duly authorized representative. An instructor who is an Arizona certified radiologic technologist shall teach the following subjects:
    - i. Adult and pediatric positioning (radiologic);
    - ii. Physics and technical factors;
    - iii. Film processing;
    - iv. Quality control;
    - v. Film critique;
    - vi. Survey of human disease; and
    - vii. Radiation protection.
  - b. A physician or other health professional shall teach a survey of human disease and a physicist or a radiologist shall teach radiation protection, quality control, and physics.
- 3. Clinical supervision shall be provided by an individual who is:
  - a. An Arizona certified radiologic technologist with minimum of two years of post-certification experience; and
  - b. Available during the training period in the clinical area when radiography procedures are being performed.

**R12-2-405. Didactic Training Computerized Tomography Technology**

Computerized Tomography Technology shall meet the parameters determined by the profession through the 2013 American Society of Radiologic Technology's Computed Tomography Practice Standards incorporated by reference and available under R12-1-401(A). This incorporated material contains no future editions or amendments.

The required subjects and their minimum hours are as follows:

- 1. Professional ethics (five hours):
  - a. Definition of ethics, nature of ethics, and value of ethics to the practical technologist, patient, and medical profession;
  - b. Professional secrecy and confidential knowledge regarding patients, physicians, and institutions;
  - c. Practical technologist relationship to patients, other technologists, radiologists, attending physicians, and other members of the medical staff.
- 2. Office procedures (five hours):
  - a. An instructor shall stress office professionalism, including action, appearance, and speech. Special attention shall be given to handling telephone conversations so that essential information is obtained when scheduling radiography;
  - b. Legal and ethical problems involving loan of radiographs, ordering examinations, ownership of equipment, visitors in the radiographic rooms, records, and use of equipment.
- 3. Anatomy, physiology, and medical terminology.
- 4. Adult and pediatric positioning (30 hours):
  - a. General positioning nomenclature and terminology. An instructor shall familiarize each student with the terms: anterior, posterior, lateral, oblique, caudal, cephalad, tangential, supine, prone, upright, medial, flexion, extension, adduct, abduct and other terms used to correctly position patients for radiography;
  - b. Procedure comprehension. Under classroom conditions, an instructor shall train each student so that the student is able to describe the anatomy visualized; describe the positions used, in terms of direction of the central ray and anatomical area of interest; name the size of film ordinarily used; describe patient preparation, if necessary; describe the special procedures applicable to radiographing specific regions of the body; identify radiographs of the basic radiographic positions; label the anatomic parts; explain variations in technical factors required for differences in patient habitus and similar anatomical areas of interest having different density and radiographic obstructions such as casts; explain how to avoid degradation of image quality from patient motion; and; describe variations in tube-film placement required to compensate for a patient's immobility.
  - c. Procedure practice. In a laboratory situation, using a patient or a phantom, an instructor shall train each student so that the student is able to position the correct anatomical part, stabilizing or immobilizing the patient or phantom as needed; select the correct film size; align the x-ray tube to the anatomical part and film; and adjust the cone or collimator to the appropriate field size.
  - d. Radiography of pediatric and geriatric patients. An instructor shall familiarize a student with the techniques necessary to sympathize and empathize with patients. In doing so, the instructor shall train each student to gain the patient's cooperation in obtaining a useful radiograph. Also, the instructor shall train each student to recognize the maneuverability of patients of all ages; devise methodologies necessary to obtain a satisfactory radiograph;



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- relate with the patient in a manner which will not adversely affect a patient's psychological state; and provide comfort measures that will aid in obtaining high quality radiographs.
5. ~~Physics and technical factors (50 hours):~~
    - a. ~~The structure of matter: the atom, elements, compounds, substances, mixtures, and modes of ionization.~~
    - b. ~~Production and properties of x-rays: nature of electromagnetic radiation, production of x-rays, interactions of x-ray with matter, detection of ionizing radiation, and specification of the x-ray beam.~~
    - c. ~~X-ray tubes: early x-ray tubes, modern x-ray tubes, stationary anode tubes, rotating anode tubes, types of tube cooling, tube housings and beam restricting systems, x-ray tube characteristics, focal spots, x-ray tube rating charts, and tube cooling charts.~~
    - d. ~~Radiographic algorithms of a latent image and the prime factors of radiography (milliamperage, time, distance, and kilovoltage).~~
    - e. ~~Factors affecting radiographic quality (density, detail, contrast distortion, and magnification) as related to chest and extremities.~~
    - f. ~~Calibration, heat loading of x-ray tubes, conditions influencing choice of exposure factors, filters, grids, cones, cylinders, diaphragms, calipers, cassettes, film holders, technique charts, and identification system.~~
    - g. ~~Discussions, problems, and experiments related to time, source-image-receptor distance, milliamperage, peak kilovoltage, and the relationships that can be established with combinations of each of these parameters, shall be provided to each student.~~
  6. ~~Processing (15 hours):~~
    - a. ~~Darkroom construction, equipment, and arrangement; illumination and test for illumination, and x-ray film: handling, developing, rinsing, fixing, washing, and drying.~~
    - b. ~~Preparation of solutions, types, care of processing apparatus, automatic processing, reduction of overexposed and underexposed radiographs, and film artifacts and their uses.~~
  7. ~~Quality control (10 hours):~~ An instructor shall train each student in the following subject areas: evaluation of film system procedures, radiographic machines, image quality, film screens, film holders, and grids.
  8. ~~Film critique (20 hours):~~
    - a. ~~Patient's relevant clinical data: reasons for radiographic examination (pathology) and assessment of the patient during the radiographic examination.~~
    - b. ~~Technique employed: technical factors and source-image-receptor distance.~~
    - c. ~~Collimation and shielding: film size, field size, shielding, and markers.~~
    - d. ~~Positioning: basic positioning and devices.~~
    - e. ~~Anatomy: radiographic anatomy and anatomical anomalies.~~
    - f. ~~Radiographic quality: density, contrast, resolution, distortion and magnification, fog, grids, film screens, film processing, and image artifacts.~~
  9. ~~Survey of diseases (five hours):~~ Disease and injury encountered in the radiography of chest and extremities.
  10. ~~Nursing procedures (10 hours):~~ An instructor shall train each student in patient care, including emergency procedures.
  11. ~~Radiation protection (30 hours):~~
    - a. ~~Atomic structure, properties of radiation, modes of x-ray production, x-ray interaction with matter (absorption processes), units of radiation exposure and dosage, personal dosimetry and survey instruments, mechanisms of biological damage (stochastic and nonstochastic effects).~~
    - b. ~~History and basic principles of radiation protection, standards for protection against ionizing radiation, including the principles of "ALARA" (As Low As Reasonably Achievable); methods for reducing exposure to personnel and patients, including the correct use of collimator, filtration, proper kilovoltage and milliamperage, time settings; formulation of x-ray exposure techniques; and special radiation protection measures for x-ray examinations. An instructor shall demonstrate the importance of time, distance and shielding, and scattering of x-rays.~~

**R12-2-406. ~~School Approval Radiologist Assistant~~**

Radiologist Assistant's shall meet the parameters determined by the profession through the 2011 American Society of Radiologic Technology's Radiologist Assistant Practice Standards incorporated by reference and available under R12-1-401(A). This incorporated material contains no future editions or amendments.

- ~~A. An applicant seeking to open a Practical Radiologic Technology School shall apply to the Board by letter and shall address all of the issues in R12-2-401 through R12-2-405.~~
- ~~B. The Board shall review a school application in a timely manner as required in R12-2-301 and approve or deny the application.~~
- ~~C. The Board shall maintain a list of approved schools.~~

**ARTICLE 5. NUCLEAR MEDICINE TECHNOLOGIST REPEALED**

**R12-2-501. ~~Definitions Repealed~~**

~~"ARRT" means the American Registry of Radiologic Technologists.~~

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~~“ASCP” means the American Society of Clinical Pathology.~~

~~“Authorized user” means a physician licensed in Arizona to practice medicine and who is identified as:~~

~~An authorized user on an Agency, Nuclear Regulatory Commission (NRC), or Agreement State license that authorizes the specified medical use; or~~

~~A user in a medical use board scope program, licensed by the Agency, NRC, or Agreement State to select its own authorized users.~~

~~“Board” means the Medical Radiologic Technology Board of Examiners.~~

~~“Brachytherapy” means a method of radiation therapy in which a sealed source or group of sealed sources is used to deliver beta or gamma radiation at a distance of up to a few centimeters, by surface, intracavitary, intraluminal, or interstitial application.~~

~~“Certification” means the process by which the Board grants permission and recognition to an individual to engage in nuclear medicine technology upon finding the individual meets the qualifications specified by statute and rule.~~

~~“Certified nuclear medicine technologist” means a person who:~~

~~Has obtained certification from the Board in accordance with this Article but does not mean a licensed practitioner who performs in-vitro detection and measurement of radioactivity; or~~

~~Administers radiopharmaceuticals to human beings for diagnostic or therapeutic purposes; or with Board-approved training, performs the CT portion of a PET/CT scan while under the general supervision of a licensed practitioner.~~

~~“Diagnostic dosage” means a prescribed amount of a radionuclide or radiopharmaceutical, which is used for a diagnostic purpose.~~

~~“Direct supervision” means an authorized user who is: personally aware of, and maintains independent professional responsibility for, the procedure intended for a given patient; present in the facility; and available for immediate assistance.~~

~~“General supervision” means guidance, direction, and instruction by an authorized user who is available, but not necessarily within the supervised individual's place of employment.~~

~~“Immediate supervision” means in-room presence for instruction, direction, and guidance by an authorized user who is available to assume control of the given procedure.~~

~~“Medical use” means the intentional internal or external administration of byproduct material or the radiation from byproduct material to patients or human research subjects under the supervision of an authorized user.~~

~~“Misadministration” means:~~

~~The administration of a radiopharmaceutical or the radiation from a sealed source, administered for therapy purposes and involving:~~

~~The wrong radiopharmaceutical or sealed source;~~

~~The wrong patient;~~

~~The wrong route of administration; or~~

~~A dosage that differs from the prescribed dosage by 20%; or~~

~~The administration of a diagnostic dosage of a radiopharmaceutical involving:~~

~~The wrong patient;~~

~~The wrong radiopharmaceutical;~~

~~The wrong route of administration; or~~

~~A dosage to an individual that exceeds 5 rems effective dose equivalent or 50 rems dosage equivalent to any individual organ; or~~

~~A therapeutic radiation dose from a sealed source such that errors in the source calibration, time of exposure, and treatment geometry result in a calculated total treatment dose differing from the final, prescribed total treatment dose by more than 10%.~~

~~“NMTCB” means the Nuclear Medicine Technology Certification Board.~~

~~“Nuclear medicine technologist” means a person who uses radiopharmaceutical agents on humans for diagnostic or therapeutic purposes. A.R.S. § 32-2815.~~

~~“Radionuclide” means a radioactive element of a radioactive isotope.~~

~~“Radiopharmaceutical” means any drug that exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any nonradioactive reagent kit or nuclide generator that is intended to be used in the preparation of the drug.~~

~~“Radiopharmaceutical agent” means a radionuclide or a radionuclide compound designed and prepared for administration to human beings.~~

~~“Therapeutic dosage” means a prescribed amount of a radionuclide or radiopharmaceutical, which is used for a therapeutic purpose.~~

**R12-2-502. Use of Title Repealed**

A person without a valid certificate shall not use the title of nuclear medicine technologist or the letters “NMT” after the person's name to indicate or imply that the person is a certified nuclear medicine technologist or represent the person in any way

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as a certified nuclear medicine technologist. A person who holds a valid certificate issued by the Board may use the title nuclear medicine technologist.

**R12-2-503. Display of Certificate Repealed**

Each nuclear medicine technologist, including any part-time or temporary technologist provided through a temporary employment agency or service, shall display proof of certification by the Board.

**R12-2-504. Application for Approval of a Nuclear Medicine Technology School Repealed**

**A.** An applicant that seeks approval for a nuclear medicine technology school shall apply by letter and shall address all of the requirements for school approval in R12-2-505.

**B.** The Board shall review the application in a timely manner, as required in R12-2-301, and approve or deny the application.

**R12-2-505. Standards for Nuclear Medicine Technology Schools; Approved Nuclear Medicine Technology Schools Repealed**

**A.** Based on the following factors, the Board may approve a school of nuclear medicine technology as maintaining a satisfactory standard if its course of study:

1. Is for a period not less than 12 months of full-time study or the equivalent and is accredited by the Joint Review Committee on Education in Nuclear Medicine or meets or exceeds the standards of the Joint Review Committee on Education in Nuclear Medicine as determined by the Board.
2. Includes not less than 1900 contact hours, including but not limited to: methods of patient care, radiation safety and protection, nuclear medicine, physics and radiation physics, nuclear instrumentation, statistics, radionuclide chemistry and radiopharmacy, departmental organization and function, radiation biology, nuclear medicine in vivo and in vitro procedures, radionuclide therapy, computer application, clinical education, and medical law and ethics.

**B.** The Board shall maintain a list of approved nuclear medicine technology schools.

**R12-2-506. Certification and Grandfather Provisions Repealed**

**A.** A person who has practiced nuclear medicine without a certificate from the Board before the effective date of these rules and who wishes to continue practicing shall apply for a temporary certificate as required in A.R.S. § 32-2814(C) and (D).

**B.** A person who applies under subsection (A) shall pass the Board's certification no later than December 31, 2004.

**C.** Effective January 1, 2005, each applicant seeking certification by the Board as a nuclear medicine technologist shall provide proof of minimum education and training either by passing the Board's certification examination or presenting a valid certificate issued on the basis of an examination by a certificate-granting body recognized by the Board.

**ARTICLE 6. PRACTICAL TECHNOLOGIST IN BONE DENSITOMETRY REPEALED**

**R12-2-601. Definitions Repealed**

"Practical technologist in bone densitometry" means a person authorized by the Board to perform a bone mineral densitometry limited to the extremities.

"Qualified instructor" means a person who is recognized by the Board, provides education or training in the application of ionizing radiation to extremities through the use of a bone densitometry machine, and has a relevant certification from the Board or a recognized certificate-granting body.

**R12-2-602. Recognized Certificate-granting Bodies Repealed**

The Board shall maintain a list of recognized certificate-granting bodies in the field of bone mineral densitometry.

**R12-2-603. Limitation Repealed**

The practical technologist in bone densitometry certificate authorizes the practical technologist in bone densitometry to perform densitometry only on an extremity as defined in R12-2-101.

**R12-2-604. Education Repealed**

An applicant for a certificate issued under this Article shall provide evidence of having completed a total of 80 hours of instruction from qualified instructors in the following subjects: radiation safety, conventions in densitometry, densitometry techniques, anatomy, precision and accuracy, quality control, osteoporosis overview, and understanding data.

**R12-2-605. Qualified Instructors Repealed**

The Board shall maintain a list of qualified instructors.